

DIRECT CARE TIME/TASK ESTIMATES for**Room # _____ Resident Name _____****Personal Care**

Bathing (partial/prompts/assist. Include partial baths due to incontinence)	15 minutes/bath	
Bathing (complete tub/shower/sponge)	30 minutes/bath	
Shampooing ____ times/wk	15-30 minutes each time	
Combing/Brushing/etc.	15 minutes/day	
Shaving	15 minutes/day	
Nail Care	15 minutes/week	
Skin Care (includes applying body lotion with gentle massage to hands, feet, back and pressure points as necessary- preventive care)	5-15 minutes/task	
Dressing/Undressing	15-45 minutes/day ____AM ____PM	
Mouth/Teeth/Denture Care (at least AM & PM)	15 minutes/day	
Care of Eye Glasses and Hearing Aids	5-15 minutes/day ____AM ____PM	
Range of Motion exercises	Individualized according to identified needs.	

Food and Fluids

Feeding assist (cut food, open containers, place utensils)	5 minutes/meal	
Feeding supervision (includes assist plus prompt/encourage/redirect)	30 minutes/meal	
Feeding (by hand)	30-60 minutes/meal	
Feeding (include offering food & fluids between meals) ____/day	5-15 minutes each	

Transferring

Transferring supervise/assist	5 minutes/transfer	
Transferring w/total assist	15 minutes per transfer	

Elimination

Toileting assist/supervise Est. ____ X/day	5-15 minutes each	
Toileting incontinence care/check @ least q 2 hours. Est. ____ X/day	5-15 minutes each time	
Bowel/Bladder/Continence Program including care and maintenance of equipment.	Individualized according to identified needs.	

Supervision/Behavioral Management

Supervision (prompting to activities, etc.)	15-30 minutes/day	
Supervision (wandering behaviors, etc. requiring repeated redirection)	30-60 minutes/day individualized based upon identified needs/changes in behavior.	

Other identified direct care needs

Total Estimated Time for Direct Care Services for This Individual

[illegible]

This tool is designed to serve as a guide for anyone who needs to determine what staffing numbers are necessary to provide the services required to “attain and maintain the physical, mental and psychosocial well-being of each resident.” Specified times and ranges reflect the average amounts required to assist or perform a task. If a resident has conditions or circumstances that significantly impact the amount of time required for care, time should be increased/decreased as appropriate in column 2 and contributing factors should be noted in column 3.

Licensees may choose to use this as a guide w/UAI @ time of admission and update with the ISP (initial, annual review and any updates required due to changes in care needs.) What we want them to know is that (once trained) inspectors will use this tool anytime they have questions or concerns about sufficient staffing to meet the needs of the residents.

The total times are subdivided into three shifts/day because that is the most prevalent staff scheduling pattern. All facilities should have written policies re: task assignments, and these policies should describe the facility’s shift times/durations and standard coverage plan. Individualized care plans should describe adaptations to meet the specific resident’s needs (ie: resident prefers bathing before bedtime because he sleeps better.)

At this point, I have left out the medication management component and structured activities. I am considering an addendum that will include those and other housekeeping/laundry/kitchen duties that we know staff in many of the smaller homes must manage along with the direct care duties. The problem with those tasks is that they are so individualized dependent upon the numbers and types of medications, the conditions in the household, what equipment and supplies the facility has, etc. I am open to suggestions...